

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/24/2012
FORM APPROVED
OMB NO. 0938-0391

Poc #2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/19/2012
NAME OF PROVIDER OR SUPPLIER RENAISSANCE TERRACE CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 257 PATTON LANE HARRIMAN, TN 37748		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 246 SS=D	<p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to provide milk for one resident (#7) of eight residents reviewed. The findings included: Patient #7 was admitted to the facility on January 6, 2012 with diagnoses including malignant Neoplasm Lung, Schizoaffective Disorder and Chronic Obstructive Pulmonary Disease. Medical record review of the physician admission orders dated January 6, 2012 revealed the resident was on a regular diet with no dietary restrictions. Medical record review of a nurse's note dated January 6, 2012, at 9:30 p.m. revealed "...nurse asked what this resident needed, resident begins screaming I want milk repeatedly, this nurse explained to resident that the kitchen closes at 6:30 p.m. and if this resident would go to sleep in the morning could have milk with breakfast..." Interview with the Director of Nurses on January 18, 2012, at 1:30 p.m., in the conference room, confirmed the resident was not given milk per the resident's request.</p> <p>TN00029151</p>		F 246	<p>F-000 Initial Comments</p> <p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Renaissance Terrace Care and Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p>F246 Reasonable Accommodation of Needs/Preferences</p> <p>Resident 7 was discharged from the center on January 12, 2012.</p> <p>A clinical record review was completed on February 10, 2012 for resident likes/dislikes, staff and resident interviews were completed by Nutritional Services and/or designee to identify other residents on February 08, 2012</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Administrator

02/08/12

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F 246 SS=D	<p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to provide milk for one resident (#7) of eight residents reviewed. The findings included: Patient #7 was admitted to the facility on January 6, 2012 with diagnoses including malignant Neoplasm Lung, Schizoaffective Disorder and Chronic Obstructive Pulmonary Disease. Medical record review of the physician admission orders dated January 6, 2012 revealed the resident was on a regular diet with no dietary restrictions. Medical record review of a nurse's note dated January 6, 2012, at 9:30 p.m. revealed "...nurse asked what this resident needed, resident begins screaming I want milk repeatedly, this nurse explained to resident that the kitchen closes at 6:30 p.m. and if this resident would go to sleep in the morning could have milk with breakfast..." Interview with the Director of Nurses on January 18, 2012, at 1:30 p.m., in the conference room, confirmed the resident was not given milk per the resident's request.</p> <p>TN00029151</p>	F 246	<p>and completed on February 10, 2012 to identify other residents to ensure food likes and dislikes are met and documented.</p> <p>The center staff have been re-educated to honoring residents' likes and dislikes for food preferences and snacks on February 08, 2012 and completed by February 10, 2012 by the Administrator and/or his designee. Dietary staff re-educated on the necessity to assure adequate snack items are available for provision to residents on all shifts by the Administrator and/or designee on February 08, 2012 and completed on February 10, 2012. Resident likes and dislikes will be reviewed against physician prescribed diet and education provided to the resident and/or representative as needed by the Nutritional Services Manager and Registered Dietician for compliance.</p> <p>Clinical management staff will review the 24 Hour report in daily clinical meeting for notation of changes in resident food preference changes and make report to the Nutritional Services Manager to make the change in food preferences in the resident's</p>		

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F 246 SS=D	<p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to provide milk for one resident (#7) of eight residents reviewed. The findings included: Patient #7 was admitted to the facility on January 6, 2012 with diagnoses including malignant Neoplasm Lung, Schizoaffective Disorder and Chronic Obstructive Pulmonary Disease. Medical record review of the physician admission orders dated January 6, 2012 revealed the resident was on a regular diet with no dietary restrictions. Medical record review of a nurse's note dated January 6, 2012, at 9:30 p.m. revealed "...nurse asked what this resident needed, resident begins screaming I want milk repeatedly, this nurse explained to resident that the kitchen closes at 6:30 p.m. and if this resident would go to sleep in the morning could have milk with breakfast..." Interview with the Director of Nurses on January 18, 2012, at 1:30 p.m., in the conference room, confirmed the resident was not given milk per the resident's request.</p> <p>TN00029151</p>	F 246	<p>nutritional section and on their diet card. The Nutritional Services Manager and/or designee will review food preferences of at least 5 residents weekly for 2 months to verify food preferences are met and results of the audits will be reviewed at Performance Improvement, Committee Meeting which consists of the Administrator, Director of Nursing, Social Services, Dietary Manager, Staff Development Coordinator, Activity Director, MDS personnel, Maintenance, Environmental Services, and Medical Director for causes, trends and recommendations.</p>	02/20/12	

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F 281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to notify the physician of a abnormal Sodium level for one resident (#3); failed to follow physician's orders for one resident (#6); and failed to notify the physician of one resident's (#7) hospice status, of eight patients reviewed.</p> <p>The findings included:</p> <p>Resident #3 was admitted to the facility on February 10, 2010 with diagnoses including Mood Disorder, Circulatory System Disorder and Arthritis.</p> <p>Medical record review of a physician's order dated December 7, 2011 revealed "...BMP (Basic Metabolic Panel) in two weeks - December 21, 2011..."</p> <p>Medical record review of a physician's order dated January 9, 2012 revealed "...BMP ordered 2 weeks from 12/7/11. Please do if not done. Not on chart..."</p> <p>Medical record review of the laboratory results on the chart reviewed the BMP was not on the chart.</p> <p>Interview with the Director of Nurses on January 17, 2012 at 2:00 p.m., in the conference room, revealed the laboratory results were in "filing" and had not been placed on the chart.</p> <p>Review of the BMP dated December 21, 2011 revealed the resident's Sodium level was 125</p>		F 281	<p><u>F 281 Services Provided Meet Professional Standards</u></p> <p>Resident # 7 was discharged on January 12, 2012.</p> <p>An review was completed on Resident #3's medical record to ensure that ordered labs have been drawn and results are available in the chart and communicated to the physician by nursing on February 03, 2012.</p> <p>An review of Resident #6's blood glucose monitoring was completed to ensure monitoring is documented per physician orders on February 03,2012 by nursing.</p> <p>Clinical records were reviewed on February 02, 2012 by the Director of nursing/designee to identify residents with laboratory orders that are pending and were followed as ordered. The residents' Medication Administration Records were audited on February 03, 2012 by the Director of Nursing or designee for documentation of blood glucose ordered by the physician; those identified were addressed and the physician notified. An audit was completed on January 27, 2010 by the Administrator for residents on hospice care; notifications and</p>	

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F 281	<p>Continued From page 2</p> <p>(normal 137 to 145) and the physician was notified of the results on December 28, 2011 (seven days after the facility received the results of the BMP).</p> <p>Interview with the Assistant Director of Nurses on January 17, 2012, at 2:00 p.m., in the conference room, confirmed the physician was not notified in a timely manner the results of the resident's low Sodium level.</p> <p>Resident #6 was admitted to the facility on April 26, 2010 with diagnoses including Dysphasia, Muscle Weakness and Abnormal Gait. Medical record review of a physician's order dated January 24, 2011 revealed a order for "...accucheck (monitors blood sugar) in am daily..."</p> <p>Further review of the blood sugar records for October 2011, November 2011 and December 2011 revealed blood sugars were not obtained on November 7, December 5, and December 19, 2011.</p> <p>Interview with the Director of Nurses on January 19, 2012 at 10:30 a.m., in the conference room, confirmed the blood sugars were not obtained as ordered by the physician.</p> <p>Patient #7 was admitted to the facility on January 6, 2012 with diagnoses including malignant Neoplasm Lung, Schizoaffective Disorder and Chronic Obstructive Pulmonary Disease. Medical record review of the physician admission orders dated January 6, 2012 revealed the physician had ordered a Hospice consult. Medical record review of a Hospice note dated January 10, 2012, revealed the resident was admitted to Hospice services on January 10, 2012.</p> <p>Medical record review of the Physician Orders for</p>	F 281	<p>care plans were updated as needed.</p> <p>Licensed nurses were re-educated on documentation and the completion of Medication Administration Records for treatments and administration of medications as ordered; re-educated on following physician orders regarding labs and re-educated on hospice orders and the notification of change of condition to the physician and to notify the Director of Nursing Services when they are having difficulties in notification to the physician on February 03, 2012 and completed on February 10, 2012 by the Director of Nursing Services and/or her designee.</p> <p>The Director of Nursing Services reviews the 24 Hour Report in daily clinical meeting for medication changes and change of condition Monday through Friday, along with a review of the past day's medication changes noted in the medication administration report from the computer. Nursing Management will complete daily audits of 10 residents per day for one month and 10 residents weekly for 2 months of medication administration and lab services.</p>		

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F 281	Continued From page 3 Scope of Treatment (POST form) dated January 10, 2012 revealed the resident was a "Do Not Attempt Resuscitate and Comfort Measures. Medical record review of a nurse's note dated January 12, 2012, at 5:00 a.m., Resident observed lying on floor in room, nasal canula on the bed, oxygen saturation 70% (normal greater than 90 percent). Unable to assess for injury, resident unresponsive at this time...(physician) to see resident...Dr. saw resident and sent to (hospital)..." Medical record review of the hospital's Orders and Progress Notes dated January 12, 2012 revealed "...family member (POA - power of attorney) request pt (patient) not be hospitalized and sent back to NH (nursing home) under Hospice care...(family member) understands that death is probable..." Medical record review of the Physician Progress Notes dated January 12, 2012 revealed "I sent (resident) out via EMS (emergency medical service). At that time I was not informed that (resident) is hospice care..." Medical record review of a nurse's note dated January 12, 2012 at 11:30 a.m., revealed the resident arrived at the nursing facility with oxygen at 5 liters/per/minute and the resident expired at the nursing facility on January 12, 2012 at 11:38 a.m. Interview with the Director of Nurses on January 19, 2012, at 10:00 a.m., in the conference room, confirmed the physician was not aware of the resident's Hospice status and the resident should have not been sent out to the emergency room. TN00029151	F 281	The Director of Nursing Services and the Assistant Director of Nursing will review 5 hospice residents weekly for 3 months to verify that physician notification and care planning was conducted. The audits will be reported monthly to the Performance Improvement Committee by the Director of Nursing Services, identifying findings and trends that need corrections as identified. The Performance Improvement Committee consists of the Administrator, Director of Nursing, Social Services, Dietary Manager, Staff Development Coordinator, Activity Director, MDS personnel, Maintenance, Environmental Services, and Medical Director.	02/20/12	
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH	F 425			

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F 425	Continued From page 4 The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to provide antibiotics in a timely manner for one resident (#3) of eight residents reviewed. The findings included: Resident #3 was admitted to the facility on February 10, 2010 with diagnoses including Mood Disorder, Circulatory System Disorder and Arthritis. Medical record review of a Urine Culture result revealed a urine culture was obtained on November 1, 2011. Review revealed the facility was notified of the results of the Urine Culture on	F 425	<u>F 425 Pharmaceutical Svc - Accurate Procedures, RPH</u> An review was completed on Resident #3's medical record on February 2, 2012 to check that medication administration is occurring as ordered by the physician. A review of physician orders was conducted on February 02, 2012 by the Assistant Director of Nursing to check that medication administration is occurring as ordered by the physician. Licensed nurses were re-educated on medication administration procedures and back up pharmacy policy on February 03, 2012 by the Director of Nursing Services and completed by February 10, 2010. The Nursing Management will make bi monthly medication pass audits for three months to assure medications are available and administered as per the physician's orders. The Director of Nursing Services reviews the 24 Hour Report in daily clinical meeting for medication changes and change of condition Monday through Friday, along with a review		

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F 425	<p>Continued From page 5</p> <p>November 3, 2011 at 9:12 a.m. Review revealed the physician was notified of the Urinary Tract Infection and ordered Macrochantin (antibiotic) 50 milligrams four times a day for seven days. Further review revealed the facility received the physician's order for the antibiotic on November 3, 2011 at 2:12 p.m.</p> <p>Medical record review of the Medication Administration Record for November 2011 revealed the Macrochantin was not administered until November 4, 2011 at 8:00 a.m.</p> <p>Review of the medications kept at the facility revealed 10 tablets of Macrochantin is kept in the "emergency" medication box.</p> <p>Interview with the Director of Nurses on January 18, 2012 at 2:15 p.m., in the conference room, confirmed Macrochantin is kept in the facility at all times and the medication for the Urinary Tract Infection should have been administered on November 3, 2011 at 4:00 p.m.</p> <p>TN00029151</p>			F 425	<p>of the past day's medication changes noted in the medication administration report from the computer. Daily audits to be conducted by the Nursing Management for 4 weeks and weekly for 2 months for compliance. The findings will be presented to the Performance Improvement Committee by the Director of Nursing Services to evaluate the findings for follow up. The Performance Improvement Committee consists of the Administrator, Director of Nursing, Social Services, Dietary Manager, Staff Development Coordinator, Activity Director, MDS personnel, Maintenance, Environmental Services, and Medical Director.</p>		02/20/12

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